



464006

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>10-14-03</u>	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Mary Davis Seeley, Savidge & Ebert Co., LPA 600 Superior Ave., East, Suite 800 Cleveland, OH 44114 (re: P&K Oil Service) </div>		C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Transfer from service label) <u>7001 0320 0006 0294 1939</u>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001		Domestic Return Receipt	
		102595-01-M-1424	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$ <u>1.98</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>6.03</u>
Sent To	Mary Davis
Street, Apt. or PO Box	Seeley, Savidge & Ebert Co., LPA
City, State	600 Superior Ave., East, Suite 800
	Cleveland, OH 44114
	(re: P&K Oil Service)

CHICAGO IL LOOP STA
OCT 14 2003
USPS

D Sheppard
SR-6J(CRS)

7001 0320 0006 0294 1939

PS Form 3811

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

0006 0297 8997

Beena Shoppard Johnson *SR-6T*

Postage	\$ 1.75
Certified Fee	2.35
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	

55.00

CHICAGO IL LOOP STA
 NOV 10 2003
 USPS

Mary Davis
 Seeley, Savidge & Ebert Co., LPA
 600 Superior Ave., East, Suite 800
 Cleveland, Ohio 44114

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Mary Davis Seeley, Savidge & Ebert Co., LPA 600 Superior Ave., East, Suite 800 Cleveland, Ohio 44114</p> <p>2. Article Number (Transfer from service label) <i>7001 0320 0006 0297 8997</i></p>	<p>A. Received by (Please Print Clearly) <i>Vincent</i> B. Date of Delivery <i>11/12/03</i></p> <p>C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <input checked="" type="checkbox"/> <i>[Signature]</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, March 2001 Domestic Return Receipt 10258-01-M-1424



U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Deena Sheppard

5R-67

Postage	\$ 1.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	

5.80



P & K Oil Service
PO BOX 22024
Beachwood, OH 44122-0024

7001 0297 0006 0297 8973

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P & K Oil Service, Inc.
PO Box 22024
Beachwood, OH 44122-0024

4a. Article Number

7099 3400 0000 9585 9552

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

JAN 29 2002

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

SR-6J

Postage	\$ 3.95
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.50
Total Postage & Fees	7.55



Name

Street

City

P & K Oil Service, Inc.
PO Box 22024
Beachwood, OH 44122-0024

7099 3400 0000 9585 9552

PS

Instructions